

# Pre-PDL Academy

The Pre-PDL Academy will be held on Fridays for 6 weeks

All Academy sessions will be at

**Location: Twin Silo Park**

**September 9 - October 14**

Boys: 4:15-5:15pm

Girls: 4:15-5:15pm

**\$85 per player**

(includes training jersey and \$5 initial non-refundable fee)



**ARSENAL**  
C O L O R A D O

Pre-PDL Academy is for the passionate, excited U7-U8 player (birth year 2015) who fosters the desire to be challenged in every aspect of their game. Through this curriculum the players involved will be provided the tools to continue to take their game to the next level. Pre-PDL Academy focuses on quality and long-term benefits of each player. We will continue to emphasize passing, receiving, ball striking and comfort on the ball. We will also focus on expanding each player's coordination, balance, body movement, and confidence.

The staff to athlete ratio is important. Every athlete will have the attention they deserve to ensure they can take their game to the next level. Staffing is adjusted based on the number of participants.

## Curriculum

The Pre-PDL Academy emphasizes developing important skills in a competitive environment. A qualified, professional coaching staff will not only educate the players about the game, but give players and parents a view of the skills and techniques necessary for long-term soccer success. Academy sessions are designed with the future PDL player in mind. However, any player who is age appropriate is encouraged to attend.

## Registration Form Pre-PDL Academy

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Gender: M F

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Shirt Size (YS-AL): \_\_\_\_\_

Email: \_\_\_\_\_

Current Team & Age Group: \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature(For Medical Waiver): \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Cash          Check          CC

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

EXP Date: \_\_\_\_\_ CVV: \_\_\_\_\_

MEDICAL WAIVER: My son/daughter is in good health and has my permission to participate in Arsenal Colorado camp. In the case of an Emergency, I authorize the director and/or staff of Arsenal Colorado to seek medical emergency care for my child. I hereby release all staff members, academy director, and Arsenal Colorado and its governing bodies of any liability in the event of an injury. I have read and agree to the COVID release on the other side of this registration form.